☐ Initial Application	
☐ Amended Application	
Date:	



COMMITTEE ID NUMBER (office use only)

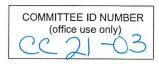
COMMITTEE TYPE (choose one):

JUN - 3 2021 6:00 pm

	Candidate Committee Name (required):	Jernifer Combs for DH Corneil
	(first or last name & office)	
	Candidate Information:	Candidate's Name (required): <u>Jennifer</u> Combs
		Candidate's mailing address (required): PO Box 579, Newly 142 81632
		Candidate's email address (required):
		Candidate's phone number (required): 310-753-3994
		Candidate's website (if any):
	Office Sought (choose one):	□ Governor □ Secretary of State □ Attorney General □ State Treasurer □ Superintendent of Public Instruction □ State Mine Inspector □ Corporation Commissioner
		☐ State Senate ☐ State House of Representatives ☐ District (required):
		☐ County Office: ☐ District (if applicable):
	· ·	ACity/Town Office: Council Person District (if applicable):
	Election Cycle for Office Soug	tht (year the election will take place) (required):
	Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
\	(required for partisan offices)	
	☐ Political Action Comm	nittee (PAC)
	Committee Name (required): (if sponsored, must include sponsor's name)	
	Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures
	(select any that apply)	□ Ballot Measure Expenditures □ Recall Expenditures
	Sponsorship Information:	Sponsor's name or nickname (required):
	(if applicable)	Sponsor's mailing address (required):
		Sponsor's email address (required):
		Sponsor's phone number (if any):
		Sponsor's website (if any):
	Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
	(if applicable)	☐ Standing Committee (must also complete separate standing committee registration)
\	<u> </u>	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
	☐ Political Party	
	Committee Name (required): (must include party affiliation)	
	Jurisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
		☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
		☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
		☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
	Special Status (if applicable)	☐ Standing Committee (must also complete separate standing committee registration)

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COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): POBOX 579, Deutsy At 8630 }			
		Committee's email address (required): jen. combs for dh @ gmowl. com			
		Committee's phone number (if any):			
		Committee's website (if any):			
	Chairperson's Information:	Chairperson's name (required):			
		Chairperson's physical address (required): 650 Sugar leaf lane Dury 80327			
		Chairperson's mailing address (if different): Po Box 579, Devue 80327			
		Chairperson's email address (required): jeh. combs for ah@ gmail. com			
		Chairperson's phone number (required): 310-463-2994			
		Chairperson's employer (required):			
		Chairperson's occupation (required): Kefaul his toner Service			
	Treasurer's Information:	Treasurer's name (required):			
		Treasurer's physical address (required):			
		Treasurer's mailing address (if different): PO Box 5 M. Dully 1037+			
		Treasurer's email address (required): Junianne 24 camari. Com			
		Treasurer's employer (required):			
		Treasurer's employer (required).			
	Bank or Financial Institution:	Treasurer's occupation (required):			
	(do not list acct numbers)	Additional bank name (ifapplicable): Az on Crosut Onuon			
	★ appro-organizer interesting a character and appropriate the properties of the	Additional bank name (if applicable):			
CLARATION AND SIGNATURES:					

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I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate
committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's
campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email
address(es) provided herein.
address(es) provided fierein.
10/2/201
Chairperson's signature: Date: 6/3/2021
Treasurer's signature: Date: 03/2001
Treasurer's signature: Date: Date:
Candidate's signature (if applicable): Date: 0/3/2001
Candidate's signature (if applicable):